Why We Need a Culture of Health

Top Takeaways

Although the United States spends more on health care than any other country, factors like education and socioeconomic status have a negative effect on people’s access to quality care. This snapshot explores how the United States can create a Culture of Health for people in America of all backgrounds.

Where people live and work, their income, and their education level have as much or greater influence on their health as their access to health care.

The Robert Wood Johnson Foundation is committed to helping build a “Culture of Health” where everyone can attain the best health possible.
People with lower incomes have shorter lives, poorer physical and emotional health, and more chronic disease.

Key Facts

The United States spends more per person on health but lags behind other wealthy countries in health indicators such as infant mortality and life expectancy.

Healthy U.S. counties have lower rates of poverty, unemployment, and preventable hospital stays than unhealthy counties.

Male college graduates can expect to live about 14 years longer than males without a high school diploma. Females can expect to live more than 10 years longer.

The United States Falls Behind

For decades, the United States has ranked poorly on many health indicators despite leading the world in per-person spending on medical care. In fact, between 1980 and 2009, the United States lost ground among affluent countries in life expectancy and infant mortality.

An easy assumption is that the answer lies in improving the health care system. But this is only one factor. Our health is largely influenced by the choices we make for ourselves and our families. The conditions in the communities where people live, learn, work, and play have an important role in people’s ability to make healthy choices. Research suggests that our economic, social, and physical environment can have a greater impact on our health than the quality of the health care we receive.
Where We Live

An individual’s wellness prospects can vary markedly based on where he or she lives. The average life expectancy for children born to mothers in New Orleans, for example, can vary by as much as 25 years across neighborhoods just a few miles apart.

The 2015 County Health Rankings & Roadmaps shine a light on the connections between social and economic factors, health behaviors, clinical care, and the physical environment:

- Healthier counties in each state have higher college attendance; fewer children in poverty; less violent crime; fewer preventable hospital stays; better air and water quality; and better access to parks and gyms.

- The least healthy counties in each state have more smokers, more teen births, and more alcohol-related car crashes.

The Rankings study found that social and economic factors—education, employment, income; family and social support; and community safety—contributed the most toward health outcomes in any given county, ahead of health behaviors, clinical care access, or the physical environment.

New Orleans:
Short Distances to Large Disparities in Health

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What We Earn

Income influences health at every income level. It may come as little surprise that the wealthiest people in America are healthier than the poorest people. They are also healthier than middle-class people.

People with less income have shorter lives, poorer self-reported physical and emotional health, and more chronic disease than their high-income counterparts. For example, of people in America reporting being in poor or fair health: 23 percent had annual incomes below $35,000 with 9 percent who earned $50,000–$75,000 and just 6 percent earning more than $100,000.

People with less income and wealth are less able to pay for health care or health insurance. They are also less likely to afford an education, healthy lifestyles, or to live in safe and healthy neighborhoods. Economic hardship makes people more vulnerable to diseases and to the harmful biological effects of stress.

What We Learn

People in America with higher education levels have longer lifespans and suffer from fewer chronic diseases. For example, male college graduates in 2008 can expect to live 14 years longer than males without a high school diploma; females in this same comparison can expect to live more than 10 years longer.

Education is linked to financial, social, psychological, and cognitive benefits that promote better health. In fact, these links appear to be growing stronger over time: The life expectancy of whites with less than 12 years of school has decreased since 1990 even as it increased for other people.

The education-link cuts across race, ethnicity, and gender, and is so strong that educational attainment may be more important for health outcomes than quality health care. For example, one study found that Kaiser Permanente health plan members with less schooling have lower self-reported health levels and higher diabetes mortality rates, even though all members have the same access to care.
Where We Work

For millions of people, a steady job in safe working conditions can provide the income, benefits, and stability necessary for good health. On the flip side, job loss and unemployment is associated with a variety of negative health effects. For example, laid-off workers are 54 percent more likely than those continuously employed to report fair or poor health, and are 83 percent more likely to develop a stress-related condition such as stroke or heart disease.

When it comes to promoting health, not all employment is equal. Health insurance is more likely to be offered to employees earning higher salaries. Some employers offer workplace wellness programs, which studies show save employers an average of $6 for every dollar invested.

The Agenda

Our nation has worked over the past few years to improve health primarily through improving the health care system, focusing less on other critical factors that impact health, such as early childhood development, education, housing, jobs, and the built environment.

There is no doubt that a quality health care system remains critically important. Everybody, regardless of socioeconomic status, will at some point require health care. This is especially true of children and the elderly, who have the most to gain from a reliable health care system. Furthermore, more efficient and transparent health care spending will result in a system that serves the population more effectively, while allowing for people to be educated about where their health care dollars are being spent.

But a more efficient and transparent health care system is only one piece of the puzzle. That’s why the Robert Wood Johnson Foundation (RWJF) is promoting a Culture of Health, which means creating a society where every person has the equal opportunity to live the healthiest life they can, whatever their ethnic, geographic, racial, socioeconomic, or physical circumstance.

Everyone has a role to play in building a Culture of Health, and success will require working within and across all sectors of society. RWJF is partnering with communities, policymakers, businesses, and others willing to find ways to build a Culture of Health for America. The RWJF County Health Rankings & Roadmaps’ What Works for Health helps communities

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The 1990s and 2000s saw a growing recognition of the link between health and social conditions as reflected in the “Millennial Development Goals” adopted by the United Nations in 2000. In 2008, the World Health Organization declared that “social injustice is killing people on a grand scale” and recommended that countries focus on improving daily living conditions and tackling “the inequitable distribution of power, money and resources.”

In 2010, the U.S. Department of Health and Human Services established national goals and objectives to address the nation’s major health challenges. It said the goals could only be reached by “changing our thinking about health, examining root causes and social determinants” and by implementing policies that encompassed all sectors of government and the private and nonprofit sectors.

We have developed a Culture of Health Action Framework with the RAND Corporation and with input from partners, experts, and colleagues across the country. The Framework describes the fundamental components to improving population health and motivating cultural change.

With the Action Framework as a compass, we will work with others to advance efforts to improve health nationwide and measure our success.

Want to Know More?

2015 County Health Rankings Report

County Health Rankings & Roadmaps: What Works for Health

Overcoming Obstacles to Health in 2013 and Beyond

How Does Employment—or Unemployment—Affect Health?

Education: It Matters More to Health Than Ever Before

The Income and Health Initiative

Building a Culture of Health